Division of Mental Health, Developmental Disabilities and Substance Abuse Services

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included In Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME Mecklenburg County Area Mental Health		b. Date Submitted
c. Name of Proposed LME Alternative Service Hospital Discharge and Transition Services - YA357		
d. Type of Funds and Effective Date(s): (Check All that Apply) ☒ State Funds: Effective 7-01-09 to 6-30-10		
e. Submitted by LME Staff (Name & Title) Martha Joslin, Director of Utilization Management	f. E-Mail Martha.Joslin@Mecklenburgcountync.gov	g. Phone No. 704-432-1978

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds though a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an LME Alternative Service Request for Use of DMHDDSAS State Funds.

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

	Requirements for Proposed LME Alternative Service (Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)
Complete items 1 though 28, as appropriate, for all requests.	
1	Alternative Service Name, Service Definition and Required Components Name: Hospital Discharge and Transition Services (HDTS) Service Definition: This service mirrors the initial phase of Critical Time Intervention (CTI) an empirically supported and time limited case management model designed to prevent adverse outcomes including homelessness for consumers with mental illness who are discharging from hospitals, shelters, prisons and other institutions. A key component of CTI involves meeting consumers while still hospitalized to engage them in a working relationship prior to discharge. It is critical to develop that relationship in order to effectively support consumers upon discharge and maximize their transition to the community. This alternative service definition is proposed to strengthen support for consumers during the transition period when individuals tend to have the most difficulty re-establishing themselves in appropriate living arrangements and accessing needed mental health and substance abuse services and social supports. HDTS staff will meet consumers while still hospitalized to develop a working relationship focused on strengthening supports for successful discharges. Staff will attend hospital treatment team/discharge planning meetings for unassigned consumers when possible, i.e., consumers newly registered with the LME who have no current or previous service history with clinical home providers. They will work closely with the LME State Hospital Liaisons to implement successful aftercare plans. A key HDTS function will be the development of the Introductory Person Centered Plan, an essential document for timely access to and authorization of IPRS and Medicaid enhanced services. As noted above, an important aspect of HDTS is that post-discharge services will be delivered by staff who already has established a relationship with the consumer during the hospitalization. HDTS will provide necessary support until the consumer becomes active with outpatient aftercare providers. During the first few weeks, staff will maintain a high level of contact with the consumer, both through regular telephonic contact and home visits. Staff may accompany consumers to medication or therapy appointments, introducing the consumer to the new provider in order to facilitate the development of a therapeutic bond. In addition, HDTS will assist in the referral process to a clinical home provider, if clinically appropriate, and will support the consumer during the transfer to the new clinical home. Typical activities will include: - Attending hospital treatment teams - Interviewing client and/or significant collaterals - Records reviews - Crisis and discharge planning with consumer, hospital social workers, State Hospital Liaisons, Mecklenburg County Care Coordinators, (if applicable) other Community Providers, and others connected with consumer care - Community-based consumer visits in conjunction with clinical needs identified in the discharge plan - Attendance at community treatment teams before the clinical home provider is assigned and becomes the Case Responsible Entity/Clinical Home. - Ensure that medication issues are addressed before discharge and are arranged during the post-discharge phase of HDTS

	- Maintain records to include:
	  o Total number of consumers using HDTS,
	  o Date of hospital admission per consumer,
	  o Date of hospital discharge per consumer,
	  o Date of first appointment after discharge per consumer,
	  o Provider after discharge from HDTS,
	  o Date consumer is activated to new provider
	  o Aggregate data reported per quarter - first week following each quarter for reports to Area Mental Health Director of UM.
	  o Readmissions to either local or state hospitals during the consumer's time in HDTS.
	- In no event may a consumer be abandoned. Consumers must be followed until they are safely transitioned to the next provider and the assignment of case responsibility has been approved by Mecklenburg County staff.

2	Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array. • Consumer access to services related to current service definitions exclusions • Consumer barrier(s) to receipt of services due to PCP requirement prior to service delivery HDTS services go beyond the current exclusions of Enhanced Service Definitions because a key component of this proposed service is development of working relationships while consumers who are new to the LME *are still hospitalized*. There are current service definition exclusions and limitations regarding service provision while a consumer is in an inpatient setting or an Institution for Mental Disorder. An additional obstacle to service is the distance to Broughton State Hospital and Julian Keith ADATC from Mecklenburg County. In addition, the HDTS model is not duplicative of the role of hospital discharge planners or state facility liaisons. HDTS staff will focus on the development of a therapeutic relationship to enhance and strengthen the consumer's safety net once discharge has occurred.
3	Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition. HDTS services go beyond the Enhanced Service Definition models in that a key component of this proposed service incorporates the development of working relationships while consumers new to the LME *are still hospitalized*. There are current service definition exclusions and limitations regarding service provision while a consumer is in an inpatient setting or an Institution for Mental Disorder that minimize incentives for clinical home providers to actually initiate therapeutic contacts with hospitalized consumers.
4	Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one) ☒ Recommends ☐ Does Not Recommend ☐ Neutral (No CFAC Opinion)
5	Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service Approximately 150 consumers
6	Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service Approximately $127,224
7	Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply) N/A

	Assessment Only: ☐All ☐CMAO ☐AMAO ☐CDAO ☐ADAO ☐CSAO ☐ASAO Crisis Services: ☐All ☐CMCS ☐AMCS ☐CDCS ☐ADCS ☐CSCS ☐ASCS Child MH: ☒All ☐CMSED ☐CMMED ☐CMDEF ☐CMPAT ☐CMECD Adult MH: ☒All ☐AMSPM ☐AMSMI ☐AMDEF ☐AMPAT ☐AMSRE Child DD: ☐CDSN Adult DD: ☐All ☐ADSN ☐ADMRI Child SA: ☒All ☐CSSAD ☐CSMAJ ☐CSWOM ☐CSCJO ☐CSDWI ☐CSIP ☐CSSP Adult SA: ☒All ☐ASCDR ☐ASHMT ☐ASWOM ☐ASDSS ☐ASCJO ☐ ASDWI ☐ASDHH ☐ASHOM ☐ASTER Comm. Enhance.: ☐All ☐CMCEP ☐AMCEP ☐CDCEP ☐ADCEP ☐ASCEP ☐CSCEP Non-Client: ☐CDF
8	Definition of Reimbursable Unit of Service: (Check one) ☒ Service Event ☒15 Minutes ☐ Hourly ☐ Daily ☐ Monthly ☐ Other: Explain_____
9	Proposed IPRS Average Unit Rate for LME Alternative Service *Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed average IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?* $17.67/15-min
10	Explanation of LME Methodology for Determination of Proposed IPRS Average Unit Rate for Service (Provide attachment as necessary). This rate was determined as a comparable rate to Targeted Case Management.
11	Provider Organization Requirements Hospital Discharge and Transition Services must be delivered by a qualified provider organization that meets the standards established by the Division of MH/DD/SAS. These standards set forth the administrative, financial, clinical, quality improvement and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by either being certified by the Local Management Entity or being accredited by a national accrediting body. The organization must be established as a legally recognized entity in the United States and qualified/ registered to do business in the State of North Carolina. The program must employ at least one full time licensed professional. There should be a supportive, therapeutic relationship between the provider and the individual which addresses and/or implements interventions outlined in the person-centered plan. The provider organization must demonstrate how it has implemented the philosophy and principles of the Recovery Model, Person Centered Thinking and Person Centered Planning. Consumer

	choice must be built into each aspect of the individual's person centered plan.
12	Staffing Requirements by Age/Disability HDTS services shall be under the direction of a person who meets the requirements specified for Qualified Professional (QP) status according to 10A NCAC 27G.0104. Non-post graduate degreed Qualified Professionals must be supervised by a Master's Level Qualified Professional, preferably Licensed.
13	Program and Staff Supervision Requirements (Type of required staff licensure, certification, QP, AP, or paraprofessional standard) The HDTS agency must have a full time licensed clinical professional on staff. HDTS services shall be under the direction of a person who meets the requirements specified for Qualified Professional (QP) status according to 10A NCAC 27G.0104. Non-post graduate degreed Qualified Professionals must be supervised by a Master's Level Qualified Professional, preferably Licensed.
14	Requisite Staff Training At a minimum, staff should have: • 6 hours of Person Centered Thinking Training • 3 hours of PCP Instructional Elements • 3 hours of Crisis Response Training • Additional relevant training to the age groups and populations served.
15	Service Type/Setting Hospital Discharge and Transition Services are direct and indirect periodic rehabilitative services in which the HDTS staff person provides medically necessary services and interventions that address the diagnostic and clinical needs of the consumer. The HDTS staff person arranges, coordinates and monitors aftercare services for recently hospitalized consumers. Services may be delivered in a variety of environments within the community. The service also includes first responder responsibilities until consumers are transferred to other clinical home services. HDTS includes telephone time with the individual and collateral contacts with persons who assist the consumer in meeting their aftercare goals. HDTS includes responsibility for the development of the Introductory PCP.
16	Program Requirements Program services are primarily delivered face to face with the consumer and in locations that are outside of the agency. Caseload size is dependent upon the discharge status of consumers; the expectation is that the maximum number of consumers per staff would not exceed 1 staff person to 30 consumers.
17	Entrance Criteria The consumer must be currently hospitalized in a state facility and have no current clinical home provider.
18	Entrance Process Relevant diagnostic information related to the hospital admission will be obtained with a consent to release information from the consumer and will be included in the development of the Introductory PCP. Authorization for HDTS services will be completed by Care Coordination staff within the LME. STR Registration Forms will have previously been completed during the authorization of the state facility services. HDTS will submit the LME Admission and Discharge Form to complete the registration process.
19	Continued Stay Criteria

	HDTS staff will consult with LME Care Coordination staff to ensure adequate progress in transitioning the consumer back to the community as well as completing the transfer to a clinical home provider, if medically necessary.
20	Discharge Criteria The consumer has transferred to another provider and is active in services with that provider. The average length of stay will not extend past 30 days from the date of the state facility discharge. The average cost for a consumer who uses the maximum 48 unit benefit is $848.16.
21	Evaluation of Consumer Outcomes and Perception of Care • ***Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service*** • ***Relate emphasis on functional outcomes in the recipient's Person Centered Plan*** Expected clinical outcomes will include: • Safe transition from the hospital setting to community setting. • Adequate medication supplies until physician appointments. • Compliance with attendance of all aftercare appointments within the first 30 days of discharge. • Successful transition to outpatient providers. Outcomes will be documented by the LME Care Coordination Team for 90 days post discharge from HDTS. They will track consumers' community tenure; compliance with PCP recommended services during that period of time, number of readmissions to crisis or inpatient services. Data will be trended during the first year related to functional and clinical outcomes for all consumers receiving HDTS.
22	Service Documentation Requirements • Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record? ☒ Yes ☐ No If "No", please explain. • Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.
23	Service Exclusions N/A
24	Service Limitations A maximum of 48 units. Depending on the severity and intensity of the case additional units may be authorized.
25	Evidence-Based Support and Cost Efficiency of Proposed Alternative Service • *Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service* The following references are from a July 2007 article in *The Journal of Primary Prevention*, "Critical Time Intervention: An Empirically Supported Model for Preventing Homelessness in High Risk Groups." The abstract states: Critical Time Intervention (CTI) is designed to prevent recurrent

homelessness among persons with severe mental illness by enhancing continuity of care during the transition from institutional to community living. After providing the background and rationale of CTI, we describe the elements of the model and summarize the status of existing research on its effectiveness. We then briefly illustrate how the CTI model has begun to be adapted and implemented by providing a case example of a homeless woman's transition from shelter to housing. Finally, we consider plans for the further adaptation, testing and dissemination of CTI in other populations and service delivery settings.

References

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26	LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost- The LME will monitor against the outcome measures listed above and in the context of individuals achieving satisfactory transition from state hospital settings. The Utilization Management Department will consult with the LME Quality Improvement Department to develop a methodology for evaluation of the efficacy and cost of HDTS. At a minimum, the LME will monitor against the outcome measures listed above and in the context of individuals achieving satisfactory transition from state hospital settings.
27	LME Additional Explanatory Detail (as needed)